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ABSTRACT

Staff burnout among health professionals refers to a syndrome of physical and emotional exhaustion involving the development of negative job attitudes, a poor professional self-concept, and a loss of empathic concern for clients. The Staff Burnout Scale for Health Professionals (SBS-HP) is a 20-item inventory assessing cognitive, affective, behavioral, and psychophysiological reactions that comprise the burnout syndrome. Three studies were conducted to provide validation evidence for the SBS-HP. Nursing personnel (N=97) completed the SBS-HP and criterion-related validity measures. The SBS-HP data significantly correlated with measures of job turnover, absenteeism, tardiness, discipline, prescription drug use, and personal illness. Burned-out health professionals were more dissatisfied than non-burned-out health professionals with their work, clinical supervision, opportuniites for promotion, and coworkers. Higher levels of burnout were also reliably correlated with higher neglect of job duties and with greater admissions of serious on-the-job mistakes. Additionally, burned-out health professionals worked more traumatic jobs and less desirable schedules. Results suggest that the SBS-HP is a valid measure of the burnout syndrome. (Author/NRB)

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A Measure of Staff Burnout among Health Professionals[1]

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Abstract

The Staff Burnout Scale for Health Professionals (SBS-HP) was validated in three studies on nursing personnel. The SBS-HP data significantly correlated with measures of job turnover, absenteeism, tardiness, discipline, prescription drug use, and personal illness. Burned-out health professionals were more dissatisfied with their work, clinical supervision, opportunities for promotion, and coworkers than were nonburned-out health professionals. Higher levels of burnout were also reliably correlated with more neglect of job duties and with greater admissions of serious on-the-job mistakes. And burned-out health professionals worked more traumatic jobs and less desirable schedules than nonburned-out professionals. It was concluded that the SBS-HP is a valid measure of the burnout syndrome.

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Paper presented at the Annual Convention of the American Psychological Association, Session on Health and Disease: Issues in Measurement and Attitudes, Division 38, Montreal, Quebec, Canada, September 1-5, 1980.

A Measure of Staff Burnout among Health Professionals

Staff "burnout" among health professionals is typically defined as a syndrome of physical and emotional exhaustion involving the development of negative job attitudes, a poor professional self-concept, and a loss of empathic concern for the client being serviced (Maslach, 1976; Maslach, 1978; Maslach, 1979; Maslach & Pines, 1977; Pines & Maslach, 1978). Some examples of negative changes commonly reported by burned-out health professionals are: increasing dissatisfaction with one's work; frequent irritation and anger with patients; a tendency to rationalize poor work performance by blaming the clients or the "system"; increasing feelings of mental and physical fatigue at work; and actual withdrawal, manifested either psychologically or physically, from client contact and job duties (Jones, Note 1, 1980). In short, staff burnout appears to be an adverse work stress reaction with psychological, psychophysiological, and behavioral components. Moreover, burnout appears to be a major factor in low worker morale, high absenteeism and job turnover rates, physical illness and distress, increased alcohol and drug use, marital and family conflict, and various psychological problems (Jones, Note 1, 1980; Maslach, 1976; Maslach & Jackson, Note 2, 1980).

No experimental research exists that attempts to unravel the causes, consequences, and cures of staff burnout. One reason for this state of affairs is that burnout research is in its infancy. Another reason was that valid and reliable psychometric instruments that assess the burnout syndrome were not available. The Maslach Burnout Inventory (MBI) (Maslach & Jackson, Note 2, 1980) and the Staff Burnout Scale for Health Professionals (SBS-HP) (Jones, 1980; Jones, Note 1, 1980) were developed to meet this need.

In a series of pioneer research projects, Maslach and her colleagues clearly delineated and defined the syndrome of staff burnout (e.g., Maslach, 1978; Maslach & Pines, 1977; Pines & Maslach, 1978). From this early research,

the MBI was developed. The MBI predominately assesses the psychological or affective dimensions of the burnout syndrome. The MBI consists of three regular subscales and a fourth optional subscale. The four subscales are: (1) the 9-item Emotional Exhaustion subscale (e.g., "I feel emotionally drained from my work."); (2) the 5-item Depersonalization subscale (e.g., "I feel I treat some recipients as if they were impersonal "objects".); (3) the 8-item Personal Accomplishment subscale (e.g., "I feel I'm positively incluencing other people's lives through my work."); and (4) the 3-item, optional, Personal Involvement subscale (e.g., "I feel personally involved with my recipients' problems."). These four subscales are scored separately. They have been proven highly reliable and have been validated against numerous criteria under a variety of validation strategies. The interested reader is referred to the Maslach-Jackson article (Note 2, 1980) that thoroughly describes the MBI.

The SBS-HP (Jones, 1980) is a 20-item inventory[2] that measures the burnout syndrome as defined by Maslach and Pines (Maslach, 1976; Maslach & Pines, 1977; Pines & Maslach, 1978). Yet curiously, the SBS-HP differs from the MBI since it tends to measure psychological, psychophysiological, and behavioral dimensions of the burnout syndrome.[3] That is, while the MBI basically assesses feelings related to burnout, the SBS-HP assesses adverse cognitive (e.g., "I often think about finding a new job."), affective (e.g., "I frequently get angry at and irritated with my patients."), behavioral (e.g., "I avoid patient interaction when I go to work."), and psychophysiological (e.g., "I experience headaches while on the job.") reactions that comprise the burnout syndrome. Although the SBS-HP is scored to yield one total burnout score, Jones, (Note 1, 1980) found that the SBS-HP has four factors. The SBS-HP factor structure consists of: (1) a 7-item general Job Dissatisfaction factor (e.g., "I find

my work environment depressing."; "I often feel discouraged at work and often I think about quitting."); (2) a 7-item Psychological and Interpersonal Tension factor (e.g., "Worrying about my job has been interfering with my sleep."; "I feel that the pressures of work have contributed to marital and family difficulties in my life."); (3) a 3-item Physical Illness and Distress factor (e.g., "Lately, I have missed work due to either colds, the flu, fever, or other illnesses."); and (4) a 3-item Unprofessional Patient Relationships factor (e.g., "I frequently get angry at and irritated with my patients."). A copy of the SBS-HP is presented in Appendix A.

In one study on 49 hospital-based health professionals (e.g., nurses, mental health technicians, alcoholism counselors), Jones (Note 1, 1980) found that higher scores on the SBS-HP (high scores mean more "burned-out) reliably correlated with higher (a) patient-to-staff ratios ($r(47) = .42$, $p < .05$); (b) job turnover ($r(47) = .49$, $p < .01$); absenteeism ($r(47) = .52$, $p < .01$), and tardiness ($r(47) = .37$, $p < .05$) rates; (c) discipline rates ($r(47) = .46$, $p < .01$) and (d) weekly alcohol consumption rates ($r(47) = .57$, $p < .01$). This validity data supports the use of the SBS-HP as a measure of burnout among health professionals. The purpose of the following three studies is to provide further validation evidence on behalf of the SBS-HP.

STUDY 1

Subjects

Subjects consisted of 27 female nurses from a public Chicago hospital. Their average age was 33.8 yrs. (range = 24 to 57 yrs.). All nurses worked 40 hrs/week.

Tests and Materials

A questionnarie packet was developed that consisted of the SBS-HP (Jones, 1980) and various open-ended, criterion-related validity measures. The ques-

tionnaire was anonymously answered and mailed to the principal investigator. The SBS-HP is a 20-item measure of the burnout syndrome as defined by Maslach and Pines (e.g., Maslach, 1976; Maslach & Pines, 1977; Pines & Maslach, 1978). The SBS-HP measures acute stress reactions or how the examinee currently feels. Scores can range from 20, indicating no burnout, to 140, suggesting severe burnout. Reliability for the scale is .93. All test items have been found to significantly correlate with the total burnout score at the .001 level of confidence or less. The average item-with-total burnout score correlation coefficient equaled .71 (range = .59 to .82). The SBS-HP is thoroughly described by Jones (Note 3, 1980).

Subjects anonymously completed questionnaire items that measured: (a) how many years they had been a nurse; (b) the number of months they had been at their present job position; (c) the number of patients they typically see each day; (d) how many times they looked for another job in the past month (this measure served as an index for job turnover); (e) how many days of work they missed in the past month; (f) how many times they came to work late in the past month; (g) how many drinks of alcohol they typically consume in an average week of drinking; (h) how many times they ingest a prescription drug to "calm down" in a week; (i) how many times they had been physically ill in the past month; (j) the number of serious on-the-job mistakes they made in the last month (e.g., administering a wrong drug dose; missing a session or check-up with a client; etc.); and (k) how often they felt that they neglected their job duties and patients in the past month (1 = not very often, 5 = very often).

Results and Discussion

The means and standard deviations on all measures are presented in Table 1. The correlations between the SBS-HP data and the validation criteria are given

in Table 2.

--Insert Tables 1 and 2 Here--

Inspection of Table 2 shows that higher burnout scores reliably correlated with more job searches undertaken, higher absenteeism and tardiness rates, more frequent use of prescription "calming" drugs, more on-the-job mistakes, and greater neglect of one's job duties. These results indicate that the SBS-HP scores reliably correlate with certain work-stress reactions that have been found to comprise the burnout syndrome (cf., Jones, Note 1, 1980). Study 2 was an attempt to further replicate these findings and to validate the SBS-HP against measures of job satisfaction.

STUDY 2

One would intuitively expect the experience of burnout to have some relationship to lowered feelings of job satisfaction. Maslach and Jackson (Note 2, 1980) found that the JDS measure of "general job satisfaction" had a significant negative correlation with both the Emotional Exhaustion factor scores and the Depersonalization factor scores of the MBI in a group of social service and mental health workers. One purpose of Study 2 was to determine the relationship of SBS-HP scores to job satisfaction with work, clinical supervision, pay, promotions, and coworkers.

Method

Subjects

An entire staff of 34 nurses assigned to a trauma emergency room in a Chicago hospital served as subjects. Thirty-two females and two males were sampled. Their average age was 29.4 yrs. (range = 22 to 44 yrs.). All nurses worked 40 hrs./week.

Test and Materials

All nurses anonymously completed and mailed in the SBS-HP, the Cornell Job Descriptive Index (a major measure of job satisfaction) (Smith, Kendall, & Hulin, 1969), and a self-report questionnaire on work stress reactions exactly like the one used and described in Study 1. The Cornell Job Descriptive Index (JDI) includes five scales pertaining to satisfaction with work, supervision, pay, promotions, and coworkers. Reliability coefficients for the five scales are .84, .87, .80, .86, and .88, respectively. Higher scores reflect greater satisfaction in the five areas of concern based on the subjects' appraisals of their job. In addition, subjects were asked to rate how many times they were disciplined in the past month by their supervisor(s).

Results and Discussion

The means and standard deviations on all variables studied are presented in Table 3. The correlates of staff burnout among the 34 emergency room nurses are presented in Table 4.

--Insert Tables 3 and 4 Here--

In this study, the SBS-HP scores reliably correlated with the following work stress reactions: the number of job searches undertaken, absences from work, personal illnesses, and the degree of neglectful behavior exhibited by nurses at work. In addition, higher burnout scores reliably correlated with lower levels of job satisfaction with work, clinical supervision, promotional opportunities, and coworkers. Yet since less than 25% of the variance in the burnout scores is accounted for by any one of the burnout-job satisfaction correlations, one can reject the notion that burnout is merely a synonym for job satisfaction (cf., Maslach & Jackson, Note 2, 1980).

A significant correlation showed that nurses with more job tenure were less burned-out than nurses with less tenure. No immediate explanation can

be forwarded on this finding. Further validation evidence on the SBS-HP is given in Study 3.

STUDY 3

Working the day shift should be experienced as less stressful than working either the P.M., the night or "graveyard", or the rotating shifts. Persons' biorhythms are usually tuned for diurnal rather than nocturnal work schedules. And interpersonal and family patterns are disrupted less when an employee works a day rather than a night shift. Therefore, people working the day shift should be less burned-out than people working other, less desirable shifts.

Also, a person working a traumatic job should be more burned-out than a person working a nontraumatic job. For instance, emergency room or critical care unit nursing personnel should encounter more trauma at work, and therefore possibly experience greater levels of burnout, than nurses working less traumatic jobs. The chronic tension and stress that accompanies work in emergency and critical care units can be emotionally draining and hence poses the risk of burnout (cf., Maslach & Jackson, Note 2, 1980).

Method

Subjects

A heterogeneous sample of 36 nurses from a Chicago-based hospital served as subjects in this study. Their average age was 34 yrs. (range = 23 to 48 yrs.). All subjects were female and they worked 40 hrs./week.

Tests and Materials

All nurses anonymously completed the SBS-HP and most of the validation measures already described in Studies 1 & 2. In addition, the nurses described their work shift. Day shifts were assigned a value of zero and other shifts (e.g., P.M., "graveyard" or night, rotating) were assigned a value of one. Also, if a nurse indicated that she worked in the emergency room or critical

care unit, the two major trauma centers within a hospital, she was given a score of one. Any other job assignment (e.g., pediatrics, general duties, O.B., office, etc.) was given a code of zero. This numerical coding strategy was used so that point-biserial correlations could be computed between these codes and the SBS-HP scores.

Results and Discussion

The summary statistics for this study are presented in Table 5. The correlational findings are given in Table 6.

--Insert Tables 5 and 6 here--

Consistent with previous research, the SBS-HP scores reliably correlated with: the number of new job searches undertaken, high absenteeism and tardiness rates, and weekly prescription drug use rates. Also, burnout scores significantly correlated with the number of times a staff member was disciplined by her supervisor(s) in the past month.

As predicted, nurses who worked the night, the P.M., and the rotating shifts experienced reliably more burnout than the nurses who worked the day shift. And nurses who worked in the emergency room or the critical care unit were reliably more burned-out than nursing personnel working other, less traumatic jobs.[4]

General Discussion and Conclusion

Statistically significant results from the three studies presented above support the notion that experienced burnout can lead to a deterioration in the quality of health care that is provided by the afflicted staff member. Burned-out health professionals tended to be more neglectful of their job duties and they committed more serious on-the-job mistakes than nonburned-out health professionals. Burned-out health service providers were also disciplined more by their supervisor(s) than were nonburned out professionals.

Based on the obtained results, health professionals suffering from burnout tended to have higher rates of job turnover, absenteeism, tardiness, prescription drug use, and personal illness than nonburned-out health professionals. These findings suggest that staff members who are experiencing burnout feel and act on the need to "escape" or withdraw from the pressures of work. All of these stress reactions can be conceptualized as faulty attempts to cope with burnout.

Results showed that burned-out health professionals worked less desirable hours and they engaged in more emotionally draining and traumatic work compared to nonburned-out personnel. Burned-out nurses also were more dissatisfied with their work, the supervision they received, their promotional opportunities, and their relationship to their coworkers than nonburned-out nurses. A need exists to reduce burnout in order to improve organizational morale.

In conclusion, the SBS-HP is a valid and reliable measure of staff burnout among health professionals. However, the results of these three studies need to be replicated and cross-validated on other samples of health professionals to ensure the generality of the scale. In addition, experimental research is needed to determine the causes, cures, and developmental course of staff burnout. The SBS-HP provides a measure of staff burnout that can be used in such experimental research pursuits.

Footnotes

[1]Copies of this manuscript can be obtained from Dr. John W. Jones, Psychology Department, DePaul University, Chicago, Illinois, 60614.

[2]The new version of the SBS-HP includes 10-item Lie Scale, too. A complete description of the scoring instructions for both the Burnout Scale and the Lie Scale can be found in the SBS-HP test manual (Jones, Note 3, 1980).

[3]Both the MBI and the SBS-HP were developed without either researcher knowing of the existence of any other burnout scale.

[4]This finding was just replicated on a sample of nurses employed in a hospital ($r = .41$, $p < .05$).

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Table 1

Means and Standard Deviations on Predictor and Criterion Measures (N = 27)

	M	SD
Predictor Variable:		
SBS-HP Scores	59.3	26.0
Criterion Measures:		
No. Yrs. Nurse	8.3	7.1
No. Months at Present Job	34.1	38.2
No. Patients seen in a day	30.5	43.0
No. Job Searches Undertaken	.6	1.5
No. Absences from Work	1.4	3.8
No. Times Tardy	1.6	4.0
Alcohol Consumption Rate	3.7	5.0
Prescription Drug Use Rate	.4	1.2
Illnesses per month	1.1	2.9
Serious on-the-job Mistakes	.22	.5
Neglect of Job Duties	1.8	.8

Table 2

Correlates of Staff Burnout (N = 27)

Criterion Measures	SBS-HP Scores
No. Yrs. Nurse	-.11
No. Months at Present Job	-.01
No. Patients seen in a day	.13
No. Job Searches Undertaken	.63**
Absenteeism Rate	.54**
Tardiness Rate	.58**
Alcohol Consumption Rate	-.01
Prescription Drug Use Rate	.59**
Illnesses	.21
Serious on-the-job Mistakes	.59**
Neglect of Job Duties	.38*

*$p < .05$; **$p < .01$.

Table 3

Means and Standard Deviations on Predictor and Criterion Variables (N=34)

Predictor Variable:	M	SD
SBS-HP Scores	62.6	20.2
Criterion Measures:		
Demographic Measures:		
No. Yrs. Nurse	6.7	4.8
No. Months at Present Job	23.4	28.1
No. Patients seen in a day	20.7	17.0
Stress Reactions:		
No. Job Searches Undertaken	.5	1.1
No. Absences from Work	.6	1.0
No. Times Tardy	1.1	2.0
No. Drinks of Alcohol/week	2.5	2.4
No. Times Prescription Drug Used	.1	.5
No. Times Disciplined	.1	.2
No. Serious on-the-job Mistakes	.1	.4
No. Illnesses	.8	1.3
Neglect of Work Score	2.0	.6
Job Satisfaction:		
Work	28.9	8.5
Supervision	40.9	11.9
Pay	15.3	9.8
Promotions	14.9	12.9
Co-workers	38.3	11.9

Table 4

Correlates of Staff Burnout (N=34)

Criterion Measures	SBS-HP Scores
Demographic Measures:	
No. Yrs. Nurse	-.36*
No. Months at Present Job	-.10
No. Patients seen in a day	.22
Stress Reactions:	
No. Job Searches Undertaken	.41*
Absenteeism Rate	.34*
Tardiness Rate	.22
Alcohol Consumption Rate	.19
Prescription Drug Use Rate	.24

Table 4 (cont.)

Criterion Measures	SBS-HP Scores
Illnesses	.48**
Discipline	.18
Serious on-the-job Mistakes	-.13
Neglect of Job Duties	.43*
Job Satisfaction:	
Work	-.47**
Supervision	-.36*
Pay	.02
Promotions	-.50**
Coworkers	-.36*

*$p < .05$; **$p < .01$.

Table 5

Means and Standard Deviations on Predictor and Criterion Variables (N=36)

Predictor Variables:	M	SD
SBS-HP Scores	52.9	23.9
Criterion Variables:		
No. Job Searches Undertaken	1.7	3.3
Absenteeism Rate	.4	.8
Tardiness Rate	1.4	3.0
Prescription Drug Use Rate	1.0	.2
Alcohol Consumption Rate	2.1	3.9
No. Illnesses	.5	.9
No. Times Disciplined	.3	.8
No. on-the-job Mistakes	.4	.6
No. Months at Present Job	38.3	46.6

Table 6

Correlates of Staff Burnout (N=36)

Criterion Measures:	SBS-HP Scores
Work Stressors[a]:	
No. Months at Present Job	.31*
Shift: Day = 0, Other = 1	.54***
Degree of Trauma in Job: Emergency Room/ Critical Care Unit = 1, Other = 0	.46***
Stress Reactions:	
Job Searches Undertaken	.50***
Absenteeism Rate	.48***
Tardiness Rate	.46***

Table 6 (cont.)

Stress Reactions:	SBS-HP Scores
Prescription Drug Use Rate	.33**
Alcohol Consumption Rate	.15
Discipline	.35**
Serious Mistakes at Work	.17
Illness Rate	.10

*p < .10; **p < .05; ***p < .01.

[a] Forty-seven percent of the nurses worked the day shift and 36 percent of the nurses worked in emergency rooms or critical care units.

APPENDIX A

The SBS-HP is a 30-item inventory with 20-items that assess burnout and 10-items that assess tendencies to "fake good." Scoring instructions and norms for these subscales of the SBS-HP are given by Jones (Note 3, 1980). A summary of a tentative factor structure identified by Jones (Note 1, 1980) is presented below.

Factors:	ITEMS
Job Dissatisfaction and Strain	13,17,22,25,26,27,29
Psychological/Interpersonal Tension	6,8,10,16,18,21,28
Physical Illness & Distress	1,2,5
Unprofessional Patient Relationships	11,14,30
Lie Scale:	3,4,7,9,12,15,19,20,23,24

(Note: Five of the Lie Scale items are scored as a lie or an attempt to "fake good" if answered positively (i.e., Agree Very Much) and five of the Lie Scale items are scored as a lie if answered negatively (i.e., Disagree Very Much). Since these items are interspersed throughout the SBS-HP, they should help to avoid response sets.)

SBS-HP

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Name _____ Social Security # _____ Position _____

INSTRUCTIONS

For each statement check the one answer which best reflects how much you **agree** or **disagree** with each statement. Answer according to how you **currently feel** in each case.

	(1) Agree Very Much	(2) Agree Pretty Much	(3) Agree a Little	(4) Disagree a Little	(5) Disagree Pretty Much	(6) Disagree Very Much
1. I feel fatigued during the workday.	☐	☐	☐	☐	☐	☐
2. Lately, I have missed work due to either colds, the flu, fever, or other illnesses.	☐	☐	☐	☐	☐	☐
3. Once in a while I lose my temper and get angry on the job	☐	☐	☐	☐	☐	☐
4. All my work habits are good and desirable ones.	☐	☐	☐	☐	☐	☐
5. I experience headaches while on the job.	☐	☐	☐	☐	☐	☐
6. After work I often feel like relaxing with a drink of alcohol.	☐	☐	☐	☐	☐	☐
7. I never gossip about other people at work.	☐	☐	☐	☐	☐	☐
8. I feel that the pressures of work have contributed to marital and family difficulties in my life.	☐	☐	☐	☐	☐	☐
9. I am never late for an appointment.	☐	☐	☐	☐	☐	☐
10. I often have the desire to take medication (e.g., tranquilizers) to calm down while at work.	☐	☐	☐	☐	☐	☐
11. I have lost interest in my patients and I have a tendency to treat these people in a detached, almost mechanical fashion.	☐	☐	☐	☐	☐	☐
12. At work I occasionally think of things that I would not want other people to know about.	☐	☐	☐	☐	☐	☐
13. I often feel discouraged at work and often I think about quitting.	☐	☐	☐	☐	☐	☐
14. I frequently get angry at and irritated with my patients.	☐	☐	☐	☐	☐	☐
15. I am sometimes irritable at work.	☐	☐	☐	☐	☐	☐
16. I have trouble getting along with my fellow employees.	☐	☐	☐	☐	☐	☐
17. I am very concerned with my own comfort and welfare at work.	☐	☐	☐	☐	☐	☐
18. I try to avoid my supervisor(s).	☐	☐	☐	☐	☐	☐
19. I truly like all my fellow employees.	☐	☐	☐	☐	☐	☐
20. I always do what is expected of me at work, no matter how inconvenient it might be to do so.	☐	☐	☐	☐	☐	☐
21. I am having some work performance problems lately due to uncooperative patients.	☐	☐	☐	☐	☐	☐
22. All the rules and regulations at work keep me from optimally performing my job duties.	☐	☐	☐	☐	☐	☐
23. Sometimes at work I put off until tomorrow what I ought to do today.	☐	☐	☐	☐	☐	☐
24. I do not always tell the truth to my supervisor or co-workers.	☐	☐	☐	☐	☐	☐
25. I find my work environment depressing.	☐	☐	☐	☐	☐	☐
26. I feel uncreative and understimulated at work.	☐	☐	☐	☐	☐	☐
27. I often think about finding a new job.	☐	☐	☐	☐	☐	☐
28. Worrying about my job has been interfering with my sleep.	☐	☐	☐	☐	☐	☐
29. I feel there is little room for advancement at my place of employment.	☐	☐	☐	☐	☐	☐
30. I avoid patient interaction when I go to work.	☐	☐	☐	☐	☐	☐
	(1)	(2)	(3)	(4)	(5)	(6)

TEST SPECIMEN